Michigan Department of Treasury 2666 (Rev. 9-00), Formerly L-2139

MICHIGAN UNREDEEMED BEVERAGE CONTAINER DEPOSIT REPORT

Report Year > **2000**

Issued under P.A. 148 of 1989. Filing is mandatory; penalties apply for not filing.

This report is for calendar year 2000. (It is due on or before March 1, 2001
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1. Complete Company Name (include, if applicable, Corp., Inc., P.C., L.L.C., etc.)	2. Account Number (FEIN)
Complete Company Nume (molado, il applicable, Corp., ilic., 1 . C., E.E.C., Co.,	
Business Name, Assumed Name or DBA (if used)	3. Telephone Number
(,	()
Address (Number and Street, P.O. Box or RR#)	7
City, State, ZIP	
Inder Public Act 148 of 1989, distributors and manufacturers of beverage	
lichigan Mandatory Deposit Law must file annual reports and pay all unre	deemed beverage container deposits to the
Aichigan Department of Treasury. The reports must state:	
the total value of deposits originated on beverage containers sold in Michael Containers and in Michael Containers.	
that you have not paid a deposit to another manufacturer or distributor	the deposit started with you.
a the total value of valuedo made on redeemed returnable containers for	which deposite were
 the total value of refunds made on redeemed returnable containers for originated. See Michigan Compiled Law (MCL) section 445.571 for the d 	
container.	ennition of returnable
ote: If you purchased/sold returnable containers you must complete t	he hack of this form before you can
etermine if you owe money.	ne back of this form sciole you can
4. Enter the total dollar value of deposits you originated in 2000	4 \$
5. Enter the total dollar value of containers you sold (from back of form)	
6. Add lines 4 and 5 and enter the total here	 6. \$
7. Enter the total dollar value of refunds you made in 2000	7. <u>\$</u>
Enter the total value of containers you purchased in 2000 (from back of the second se	form) 8. \$
9. Add line 7 and 8 and enter the total here	> 9. \$
D. If line 9 is greater than line 6 you are an overredeemer. Show this credit	
carried forward for 3 years or until the credit is depleted, whichever occu	
a credit on this line you do not need to complete lines 12-14.	CREDIT ▶ 10. \$
Overredeemer Credit(s) from prior years:	
11a. Enter amount of credit from report year 1997 here	
11b. Enter amount of credit from report year 1998 here	
11c. Enter amount of credit from report year 1999 here 11c. \$	
Note: If this is your second report as an underredeemer, you may apply	the credit(s) to the amount due on
this report. Unused credits may be carried forward for three years or unti	
and report. Ortuged oredite may be carried forward for times years or unit	racpicioa, willonever occurs mat.
2. Add lines 11a, 11b and 11c and enter here) 12
3. If line 9 is less than line 6 you are an underredeemer. Subtract line 9	,
from line 6 and enter the amount here	1 3

This is the amount due PAY THIS AMOUNT 14.

Make checks payable to the "State of Michigan."
Write your account number and the words "unredeemed deposits" on your check.

14. Subtract line 12 from line 13 and enter the difference here. If less than 0 enter 0.

The undersigned certifies that the above information is true and complete

The different continue that the above information is the different complete				
Signature of Owner or Authorized Agent	Preparer's Signature	Date		
	· -			
Print or Type Name of Owner or Authorized Agent	Print or Type Name of Preparer			

If you have questions, you may contact the Sales, Use and Withholding Taxes Division at 517-373-0710. Deaf, hearing or speech impaired persons may call 517-373-9419 (TDD) or the Michigan Relay Center at 1-800-649-3777.

Mail to: Sales, Use and Withholding Taxes Division
Michigan Department of Treasury
Lansing, Michigan 48922

UNCLAIMED BOTTLE DEPOSIT PURCHASES/SALES

Sales: (for overredeemers)

Indicate the dollar value of the empty returnable beverage containers you sold to an underredeemer(s). Enter the total dollar value of containers you sold on **line 5**, on the reverse side of this form.

Company Sold To	Account Number	Value of Empty Returnable Beverage Containers Sold:
Address (Street or RR#)	<u> </u>	\$
City, State, ZIP		+
Company Sold To	Account Number	Value of Empty Returnable Beverage Containers Sold:
Address (Street or RR#)		
City, State, ZIP		+
Company Sold To	Account Number	Value of Empty Returnable Beverage Containers Sold:
Address (Street or RR#)		\$
City, State, ZIP		
Total Dollar Value of Conta	iners Sold:	TOTAL Value of Containers Sold:
		\$
		ontainers you purchased from an overredeemer(s). Enter the e reverse side of this form.
Company Purchased From	Account Number	Value of Empty Returnable Beverage Containers Purchased:
Address (Street or RR#)	I	<u> </u>
City, State, ZIP		

Company Purchased From Account Number

Address (Street or RR#)

City, State, ZIP

Company Purchased From Account Number

+
Value of Empty Returnable Beverage Containers Purchased:
\$

Value of Empty Returnable Beverage Containers Purchased:

Company Purchased From Account Number

Address (Street or RR#)

City, State, ZIP

TOTAL Value of Containers Purchased:

Total Dollar Value of Containers Purchased:

NOTE: If more than three companies are involved, photocopy this form and attach all the pages to your report.

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